



Global AIDS Program

Program Profile — *Caribbean Region FY2004*

Under the direction of the U.S. Global AIDS Coordinator's Office, the HHS/CDC Global AIDS Program (GAP) is a proud partner in the unified U.S. Government effort to implement the President's Emergency Plan for AIDS Relief. GAP helps resource-constrained countries prevent HIV infection; improve treatment, care and support for people living with HIV; and build capacity and infrastructure to address the global HIV/AIDS pandemic.



About GAP Caribbean Region

Year Established: 2002

FY 2004 Core Funds: \$1.5 million US

FY2004 Emergency Plan Funds: \$1 million US*

In-country Staffing: 2 CDC Direct Hires; 3 Locally Employed Staff; 4 Contractors

The interdependence of the Caribbean region requires a strong regional response to the HIV/AIDS epidemic. This is being conducted under the leadership of the Caribbean Community (CARICOM), which has created the Pan Caribbean AIDS Partnership (PANCAP) to coordinate the regional approach to addressing and controlling the HIV/AIDS epidemic. The principal technical public health organization for the region is the Caribbean Epidemiology Centre (CAREC).

Challenges to Program Implementation

The Caribbean region has 25 countries with four distinct languages and a variety of cultures. A host of international, regional, national and local organizations operate in a variety of configurations. Challenges result from insufficient staffing, a high rate of staff turnover and underdeveloped human and organizational capacity in HIV/AIDS organizations. In addition, there is a weak monitoring and evaluation (M & E) capacity which prevents the National AIDS Councils (NACs) from reporting on their activities to funding agencies; thereby, jeopardizing the receipt of needed resources to conduct HIV/AIDS program activities.

HIV/AIDS Situation in the Caribbean Region

Outside of sub-Saharan Africa, the Caribbean has the highest HIV prevalence rate of any region of the world and the highest HIV incidence rate among women in the Americas. Nine of the 12 countries with the highest HIV prevalence in the Americas are in the Caribbean area. It is estimated that approximately 2 percent of the region's population is infected with HIV. The primary mode of HIV transmission in the Caribbean is presumed to be heterosexual contact, accounting for 64 percent of AIDS cases in CAREC-member countries. Mother-to-child HIV transmission represents 6 percent of reported AIDS cases and may rise due to increasing infection rates among women and the lack of programs across the region to prevent mother-to-child-transmission (PMTCT) of HIV. Among men, 20 percent of HIV/AIDS infections are reportedly due to sex with other men.

Website:
www.cdc.gov/gap



FY2004 GAP Caribbean Region Achievements

Critical Interventions for HIV/AIDS Care and Treatment

- ◆ Provided technical support for the implementation of prevention of mother-to-child HIV transmission (PMTCT) and care and treatment programs among CAREC-member countries. During this period, plans for St. Vincent and the Grenadines and Antigua and Barbuda were finalized and four additional plans completed. Plans were initiated and completed for Trinidad, Tobago, Turks and Caicos (1) and Dominica. By August 2004, all the above named countries had begun to implement their plans, providing care and treatment to people living with HIV/AIDS (PLWHAs) which include the use of antiretrovirals (ARVs).
- ◆ Held a Caribbean regional conference on treatment and care and access to ARVs in Trinidad and Tobago. The target audience included the permanent secretaries and chief medical officers of the ministries of health (MOHs), and the treatment and care focal person for each Caribbean country.
- ◆ Five to seven additional countries will be assisted by the CDC GAP Care and Treatment Team in 2005. The team will also assist with the dissemination of the national guidelines and training and will work closely with colleagues in surveillance, laboratory support, M & E and health promotion to ensure the care and treatment plans take advantage of the many linkages to ensure a comprehensive approach to care and treatment.

Critical Intervention for HIV/AIDS Surveillance and Infrastructure Development

- ◆ Increased laboratory capacity to support HIV care and treatment through consultations and training to implement and disseminate HIV rapid testing, CD4 cell counting, viral load testing, surveillance for HIV resistance, and quality control activities for the diagnosis of tuberculosis.
- ◆ Supported the design of a temporary laboratory facility on the CAREC campus to provide additional space for laboratory activities.
- ◆ Placed a Senior Laboratory Advisor at CAREC to conduct a detailed assessment of HIV-related laboratory activity at CAREC during 2004. The laboratory advisor has also provided protocols needed to implement viral load testing at CAREC.
- ◆ Developed a health management information system (HMIS) for use in HIV treatment clinics in the region. The system is based on the World Health Organization (WHO) Integrated Management of Adolescent and Adult Illnesses (IMAI) Chronic HIV Care with Antiretroviral Therapy (ART) module HIV Care/ART Card.
- ◆ Supported, with U.S. Agency for International Development (USAID), the planning and implementation of the Caribbean HIV and AIDS Regional Training initiative (CHART) to provide HIV/AIDS treatment and care training centers of excellence for the region. Centers were established in five locations with full-time training coordinators.